



219 North Main Street, Suite 402 Barre VT 05641 (p) 802-479-1234 | (f) 802-479-4320

**COUNT OF STATE-PLACED STUDENTS AS DEFINED BY 16 V.S.A. §11(28)  
2014-2015 School Year**

Page \_\_\_\_\_ of \_\_\_\_\_

SU # \_\_\_\_\_ SU Name \_\_\_\_\_ School \_\_\_\_\_ Grades \_\_\_\_\_

Type of School: \_\_\_\_\_ Union \_\_\_\_\_ Town \_\_\_\_\_

Contact Person/Phone # \_\_\_\_\_ First Day of School \_\_\_\_\_ Last Day of School \_\_\_\_\_

Student's Legal Name	Gender	Date of Birth	Student's State ID Number (not SSN)	Non-Special Ed = N Special Education = S	Town and Town Code where student resided while attending school	Placing Agency Caseworker & Phone #	Parent(s) OR Legal Guardian (not foster parent) Town of Residence	Grade Level (EEE-12+) (K-P/K-F)	Entry Date (first day at this school)	Exit Date (last day at this school)	Total # School Days (max. 175)
							Mother Town: Father Town: Legal Guardian Town:				
							Mother Town: Father Town: Legal Guardian Town:				
							Mother Town: Father Town: Legal Guardian Town:				
							Mother Town: Father Town: Legal Guardian Town:				
							Mother Town: Father Town: Legal Guardian Town:				
							Mother Town: Father Town: Legal Guardian Town:				

\_\_\_\_\_  
Signature of *Superintendent*

\_\_\_\_\_  
Date

I certify that this information is correct and to the best of my knowledge the mother, father or other legal guardian of these students did not live within the town school district which the student attended.

**Please return completed form by August 31, 2015 to Cathy Scott, GSM Division, Agency of Education, 219 N Main St, Suite 402, Barre VT 05641**